

able provision of residential accommodation will be made under this head. The position is worse than the Hospital Ten Year Plan indicates since the plan for the early part of the ten years has not been fully implemented.

There are many factors determining the need for residential accommodation, as Professor Tizard and Dr Kushlick have indicated. Some of these are contradictory. The demand will be lessened by better day provision, i.e. of training centres, special care units or use of day nurseries. It will also be reduced by improvements in maternal health and medical care decreasing the incidence of mental defect. Demand will be increased by greater longevity of certain groups, e.g. those with Down's syndrome. An even more important consideration is the effect of what may be termed 'sophistication'. Many working class mothers, previously bound by moral and religious convention meekly to carry the additional burden imposed by a severely handicapped child, may in the future not do so unless the community can provide them with effective material help and moral support. The Wessex project may give us some indication how this can best be afforded.

#### **Dr J T R Bavin**

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Community and hospital care are not mutually exclusive. The two are complementary. On the evidence of the Brooklands Experiment, Professor Tizard has propagated the view that the welfare of the mentally handicapped and their families would be best served by replacing mental deficiency hospitals by small units scattered in towns. The Brooklands Experiment provided no such evidence. It demonstrated that the emotional adjustment of patients was better when they were part of a small family group rather than a large unorganized mass. It also showed that retarded children learn to speak when they hear speech and do not when they don't. The application of these results to hospitals for patients unable to live at home, requires only the finance and staff which have long been demanded. Small family units could just as easily be provided in modern hospitals as the vast wards which at present remain as a monument to the obsolete concepts of a past era. The additional advantage of the village-like hospital is that it constitutes a large tolerant community which gives full scope for the extra-family social bonds and group activities which are just as necessary for the complete development of the personality as intimate intra-family relationships.

For most of the mentally handicapped, however, the greatest need is for the maximum

amount of support and guidance for their families in the task of maintaining the patient at home. The hospital should play an important part in this service, providing multi-disciplinary facilities for diagnosis, assessment, treatment, and short-term care. The specialist hospital and its full-time professional staff should be the base from which community services are organized. Most patients need its services at least once, and more often several times, during their life. The hospital is part of the community, and no obstacles should be allowed to prevent free access to both parts of the service.

Much attention is being paid at last to the many needs of the mentally handicapped. It would be disastrous at this point to destroy the firm foundations which have already been laid, and rebuild a service on untried principles based on the reiteration of unwarrantable conclusions drawn from a single experiment.

**Dr A Kushlick** (*replying also for Professor Tizard*) said that Dr Kirman had raised the point that factors influencing demand for residential care changed constantly. The difficulty in forecasting needs emphasized the necessity to provide facilities which both met the patients' needs and were sufficiently flexible to be converted to other uses should the demand fall. Small residential units in ordinary houses, as described, might therefore be particularly suitable for the purpose.

Dr Bavin's warnings of disaster and destruction implied some misunderstanding of both papers. They had not suggested that small residential units near the patients' homes and medical centres should replace existing large isolated units. One paper (A K's) described the extent of additional accommodation now needed in Wessex for unmet demands on the service. This demand could be partially met if some easily accessible experimental units were provided, running alongside the traditional services against which they would be evaluated. Dr Bavin's assertions on how services for the subnormal should be administered were clinical impressions, and as such needed experimental evaluation.

Both speakers agreed with Dr Bavin that large hospitals for the subnormal would do well to implement the findings of the Brooklands experiment, but his assertion that only lack of finance and staff had prevented this was an over-simplification. The types of resistance with which organizations in general, and psychiatric institutions in particular, met the introduction of any new principles, had been extensively documented. The principles of normal child care employed in the Brooklands experiment were still new to hospitals for the subnormal. Attempts were now being made by Professor Tizard to set up a Brooklands-type organization within a hospital for the subnormal.

The suggestion that the need for the experimental type of service arose only from the results of the Brooklands experiment did not follow from the papers here presented.